



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Medicare Plus BlueSM PPO

Enhanced Benefits Fee Schedule



Fee schedule for Medicare Plus Blue revised March 26, 2024

- Inclusion of a fee schedule amount for an item doesn't necessarily indicate coverage.
- Shaded cell indicates codes are no longer covered for the enhanced benefit. *I.C. – Individual Consideration

Physician Services Procedure code	Location of service: F = Facility NF = Non-facility	Effective 07/01/2021 Allowed Amount	Effective 07/01/2022 Allowed Amount	Effective 07/01/2023 Allowed Amount
0362T		N/A	N/A	\$37.50
0373T		N/A	N/A	\$37.50
43842		N/A	N/A	\$1811.01
58300	F	\$61.09	\$62.31	\$63.68
58300	NF	\$125.05	\$140.10	\$140.93
58970	F	N/A	N/A	\$308.53
58970	NF	N/A	N/A	\$381.96
58974	Same	N/A	N/A	\$703.47
58976	F	N/A	N/A	\$334.41
58976	NF	N/A	N/A	\$410.49
59840	F	N/A	N/A	\$354.49
59840	NF	N/A	N/A	\$399.39
59841	N	N/A	N/A	\$593.28
59841	NF	N/A	N/A	\$681.51
59850		N/A	N/A	\$623.92
59851		N/A	N/A	\$683.62

Medicare Plus Blue Enhanced Benefits Fee Schedule

Physician Services Procedure code	Location of service: F = Facility NF = Non-facility	Effective 07/01/2021 Allowed Amount	Effective 07/01/2022 Allowed Amount	Effective 07/01/2023 Allowed Amount
59852		N/A	N/A	\$941.43
59855		N/A	N/A	\$678.34
59856		N/A	N/A	\$792.98
59857		N/A	N/A	\$924.00
80050	Same	\$35.77	\$35.77	\$35.77
89250		N/A	N/A	\$225.37
89253		N/A	N/A	\$291.11
89254		N/A	N/A	\$436.66
89255		N/A	N/A	\$127.36
89257		N/A	N/A	\$18.22
89258		N/A	N/A	\$254.71
89259		N/A	N/A	\$254.71
89261		N/A	N/A	\$13.46
89264		N/A	N/A	\$18.22
89268		N/A	N/A	\$94.00
89272		N/A	N/A	\$270.00
89280		N/A	N/A	\$1260.75
89337		N/A	N/A	\$150.00
89342		N/A	N/A	\$240.00
89343		N/A	N/A	\$150.00
89346		N/A	N/A	\$150.00
89352		N/A	N/A	\$300
92015	F	\$21.75	\$21.75	\$21.30

Medicare Plus Blue Enhanced Benefits Fee Schedule

Physician Services Procedure code	Location of service: F = Facility NF = Non-facility	Effective 07/01/2021 Allowed Amount	Effective 07/01/2022 Allowed Amount	Effective 07/01/2023 Allowed Amount
92015	NF	\$22.13	\$22.13	\$22.08
97151	Same	N/A	N/A	\$42.82
97152	Same	N/A	N/A	\$25.00
97153	Same	N/A	N/A	\$18.75
97154	Same	N/A	N/A	\$17.45
97155	Same	N/A	N/A	\$25.83
97156	Same	N/A	N/A	\$37.50
97157	Same	N/A	N/A	\$23.79
97158	Same	N/A	N/A	\$23.79
97802	F	N/A	N/A	\$50.72
97802	NF	N/A	N/A	\$57.58
97803	F	N/A	N/A	\$42.79
97803	NF	N/A	N/A	\$50.19
97804	F	N/A	N/A	\$24.30
97804	NF	N/A	N/A	\$26.42
97810	F	\$45.80	\$47.89	\$48.08
97810	NF	\$55.17	\$60.38	\$60.23
97811	F	\$38.00	\$40.60	\$40.68
97811	NF	\$41.64	\$45.28	\$45.43
97813	F	\$49.45	\$51.53	\$52.30
97813	NF	\$62.98	\$70.79	\$71.32
97814	F	\$42.16	\$44.24	\$44.38
97814	NF	\$52.05	\$58.30	\$58.11

Medicare Plus Blue Enhanced Benefits Fee Schedule

Physician Services Procedure code	Location of service: F = Facility NF = Non-facility	Effective 07/01/2021 Allowed Amount	Effective 07/01/2022 Allowed Amount	Effective 07/01/2023 Allowed Amount
99381	Same	\$167.60	\$167.08	\$170.64
99382	Same	\$174.89	\$174.37	\$178.04
99383	Same	\$133.18	\$132.80	\$136.56
99384	Same	\$149.59	\$151.11	\$152.60
99385	Same	\$145.39	\$146.53	\$148.34
99386	Same	\$168.29	\$169.43	\$170.80
99387	Same	\$182.40	\$183.17	\$185.90
99391	Same	\$150.42	\$150.95	\$153.21
99392	Same	\$160.83	\$160.31	\$162.77
99393	Same	\$117.53	\$117.15	\$119.68
99394	Same	\$128.60	\$128.22	\$130.52
99395	Same	\$131.27	\$130.89	\$133.62
99396	Same	\$139.67	\$140.81	\$141.75
99397	Same	\$149.97	\$151.50	\$152.92
A4261	Same	\$78.84	\$78.84	\$78.84
G0270	F	N/A	N/A	\$42.79
G0270	NF	N/A	N/A	\$50.19
G0271	F	N/A	N/A	\$24.30
G0271	NF	N/A	N/A	\$26.42
H0031		N/A	N/A	\$168.75
H0032		N/A	N/A	\$168.75
H2014		N/A	N/A	\$17.19

Medicare Plus Blue Enhanced Benefits Fee Schedule

Physician Services Procedure code	Location of service: F = Facility NF = Non-facility	Effective 07/01/2021 Allowed Amount	Effective 07/01/2022 Allowed Amount	Effective 07/01/2023 Allowed Amount
H2019		N/A	N/A	\$17.19
S0620	F	N/A	N/A	\$52.29
S0620	NF	N/A	N/A	\$98.37
S0621	F	N/A	N/A	\$57.71
S0621	NF	N/A	N/A	\$103.41
S0800		\$1,168.35	\$1,168.35	\$1,197.56
S0800 (Bilateral)		\$1,632.25	\$1,632.25	\$1,632.25
S2083				\$117.41
S4981	Same	\$83.09	\$83.09	\$85.17
S4989	Same	\$127.82	\$127.82	\$127.82
S5108		N/A	N/A	\$23.44
S5111		N/A	N/A	\$17.19
S9470		N/A	N/A	\$48.86

Medicare Plus Blue Enhanced Benefits Fee Schedule

Medical Supplies HCPCS code	Allowed Amount Effective 03/01/2023	Allowed Amount Effective 01/01/2024
A4266	N/A	\$80.00
A4452	\$0.09	\$0.10
A4520	\$0.79	\$0.73
A4554	\$0.28	\$.20
A4649	I.C.	I.C.
A6530	\$21.00	\$20.42
A6531	24.99	\$24.30
A6532	24.99	\$24.30
A6533	\$22.93	\$22.30
A6534	\$35.98	\$34.99
A6535	\$35.98	\$34.99
A6536	\$65.18	\$63.39
A6537	\$69.40	\$67.49
A6538	\$84.00	\$81.69
A6539	\$74.98	\$72.92
A6540	\$74.98	\$72.92
A6541	\$75.60	\$73.52
A6544		\$23.28
A6549	I.C.	I.C.
A9276	\$14.47	\$14.47
A9277	\$571.20	\$571.20
A9278	\$459.20	\$459.20
A9282	\$425.00	\$194.50
E0241	\$14.39	\$13.99
E0243	\$16.96	\$16.49
E0244	\$17.50	\$17.02
E0245	\$34.95	\$33.99
E0246	\$38.96	\$37.89
E0247	\$64.95	\$63.16
E0248	\$205.48	\$199.83
L8010	\$51.00	\$34.80

Medicare Plus Blue Enhanced Benefits Fee Schedule

Drug Injections	Effective 5/01/2023	Effective 11/01/2023
J1050	\$0.14	\$0.14
J7300	\$896.88	\$896.88
J7304	\$43.01	\$43.01
J7306	IC	IC
J7307	\$1,107.77	\$1,107.77
J7297	\$856.93	\$856.93
J7298	\$1,107.50	\$1,107.20
S0190	N/A	\$36.33
S0191	N/A	\$0.64

Home Infusion Therapy codes	Effective 01/01/2023	Effective 01/01/2024
99601	\$184.89	\$188.59
99602	\$92.45	\$94.30
S5497	\$8.96	\$9.14
S5498	\$8.96	\$9.14
S5501	\$12.81	\$13.07
S5502	\$38.40	\$39.17
S5517	\$38.40	\$39.17
S5518	\$38.40	\$39.17
S5520	\$145.06	\$147.96
S5521	\$118.71	\$121.08
S5522	\$127.50	\$130.05
S5523	\$127.50	\$130.05
S9061	\$67.60	\$68.95
S9325	\$71.82	\$73.26
S9326	\$75.38	\$76.89
S9327	\$73.30	\$74.77
S9328	\$72.25	\$73.26
S9329	\$78.56	\$80.13

Medicare Plus Blue Enhanced Benefits Fee Schedule

Home Infusion Therapy codes	Effective 01/01/2023	Effective 01/01/2024
S9330	\$74.79	\$76.29
S9331	\$74.36	\$75.85
S9336	\$50.93	\$51.95
S9338	\$78.34	\$79.91
S9340	\$15.30	\$15.61
S9341	\$15.30	\$15.61
S9342	\$25.50	\$26.10
S9343	\$15.30	\$15.61
S9346	\$71.82	\$73.26
S9347	\$78.34	\$79.91
S9348	\$71.82	\$73.26
S9351	\$50.93	\$51.95
S9353	\$20.40	\$20.81
S9355	\$74.36	\$75.85
S9357	\$77.03	\$78.57
S9359	\$50.93	\$51.95
S9361	\$71.82	\$73.26
S9363	\$22.07	\$22.51
S9364	\$221.97	\$226.41
S9365	\$221.97	\$226.41
S9366	\$221.97	\$226.41
S9367	\$261.13	\$266.35
S9368	\$261.13	\$266.35
S9370	\$12.85	\$13.11
S9372	\$12.85	\$13.11
S9373	\$59.43	\$60.62
S9374	\$59.43	\$60.62
S9375	\$59.43	\$60.62
S9376	\$59.43	\$60.62
S9377	\$59.43	\$60.62
S9379	I.C.	I.C.
S9490	\$71.82	\$73.26
S9494	\$82.82	\$84.48

Medicare Plus Blue Enhanced Benefits Fee Schedule

Home Infusion Therapy codes	Effective 01/01/2023	Effective 01/01/2024
S9497	\$83.64	\$85.31
S9500	\$79.00	\$80.58
S9501	\$79.00	\$80.58
S9502	\$79.00	\$80.58
S9503	\$79.00	\$80.58
S9504	\$79.00	\$80.58
S9537	\$11.65	\$11.88
S9542	\$12.50	\$12.75

Private Duty Nursing codes	Effective 07/01/2021	Effective 07/01/2022	Effective 07/01/2023
S9123	\$58.72	\$59.89	\$61.09
S9124	\$50.81	\$51.83	\$52.87

Hearing codes	Effective 01/01/2023	Effective 01/01/2024
S0618	\$67.00	\$67.00
V5010	\$124.00	\$124.00
V5020	\$45.00	\$45.00
V5030	\$854.00	\$854.00
V5040	\$818.00	\$818.00
V5050	\$1,500.00	\$1,500.00
V5060	\$879.00	\$879.00
V5171	\$1,500.00	\$1,500.00
V5172	\$1,500.00	\$1,500.00
V5181	\$1,500.00	\$1,500.00
V5100	\$744.00	\$744.00
V5120	\$1,432.00	\$1,432.00
V5130	\$2,542.00	\$2,542.00
V5140	\$1,477.00	\$1,477.00
V5150	\$1,371.00	\$1,371.00
V5190	\$633.00	\$633.00
V5211	\$2,542.00	\$2,542.00
V5212	\$2,542.00	\$2,542.00

Medicare Plus Blue Enhanced Benefits Fee Schedule

Hearing codes	Effective 01/01/2023	Effective 01/01/2024
V5213	\$2,542.00	\$2,542.00
V5214	\$2,542.00	\$2,542.00
V5215	\$2,542.00	\$2,542.00
V5221	\$2,542.00	\$2,542.00
V5230	\$807.00	\$807.00
V5242	\$1,500.00	\$1,500.00
V5243	\$1,500.00	\$1,500.00
V5244	\$1,500.00	\$1,500.00
V5245	\$1,500.00	\$1,500.00
V5246	\$1,500.00	\$1,500.00
V5247	\$1,500.00	\$1,500.00
V5248	\$2,542.00	\$2,542.00
V5249	\$2,542.00	\$2,542.00
V5250	\$2,542.00	\$2,542.00
V5251	\$2,542.00	\$2,542.00
V5252	\$2,542.00	\$2,542.00
V5253	\$2,542.00	\$2,542.00
V5254	\$1,500.00	\$1,500.00
V5255	\$1,500.00	\$1,500.00
V5256	\$1,500.00	\$1,500.00
V5257	\$1,500.00	\$1,500.00
V5258	\$2,542.00	\$2,542.00
V5259	\$2,542.00	\$2,542.00
V5260	\$2,542.00	\$2,542.00
V5261	\$2,542.00	\$2,542.00
V5299	I.C.	I.C.

Medicare Plus Blue Enhanced Benefits Fee Schedule

Provider Delivered Care Management	Location of service: F = Facility NF = Non-facility	Effective 07/01/2021	Effective 07/01/2022	Effective 07/01/2023
98961	Same	\$15.11	\$16.62	\$16.62
98962	Same	\$11.23	\$12.35	\$12.35
98966	Same	\$15.51	Must pay at Medicare rates	Must pay at Medicare rates
98967	Same	\$29.86	Must pay at Medicare rates	Must pay at Medicare rates
98968	Same	\$44.19	Must pay at Medicare rates	Must pay at Medicare rates
99487	Same	\$92.04	Must pay at Medicare rates	Must pay at Medicare rates
99489	Same	\$46.22	Must pay at Medicare rates	Must pay at Medicare rates
G9001	Same	\$145.10	\$159.61	\$159.61
G9002	Same	\$72.56	\$79.82	\$79.82
G9007	Same	\$30.69	\$33.76	\$33.76
G9008	Same	\$84.00	\$92.40	\$92.40
S0257	Same	\$30.60	\$33.66	\$33.66

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Ambulance Services	Effective 01/01/2023	Effective 01/01/2024
S0191	N/A	\$0.64

Mobile Crisis and Crisis Stabilization for Behavioral Health	Effective 01/01/2023	Effective 01/01/2024
H2011	N/A	\$53.76
S9485	N/A	\$2,467.66

Radiology Codes	Effective 07/01/2023	Effective 11/01/2023
70328	\$41.21	\$41.21
70330	\$66.04	\$66.04
70332	\$93.51	\$93.51
70336	\$329.13	\$329.13
70350	\$12.68	\$12.68
70355	\$13.21	\$13.21